PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
John A. Lynn SR	2 20 750 17

DEFENDANT	TYPE OF PROCESS
Zanesville Police Department "et al."	

SERVE AT
- NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
  Zanesville Police Department
- ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
  332 S. Stat Zanesville OH 43701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
John A. Lynn SR 608 Nancy AVE Zanesville OH 43701	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)*:

220-203-5425

Signature of Attorney other Originator requesting service on behalf of:	☒ PLAINTIFF ☐ DEFENDANT	TELEPHONE NUMBER 220-203-5425	DATE 11-9-2020

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date

I hereby certify and return that I ☐ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*
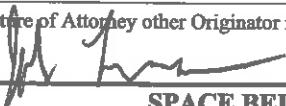
Name and title of individual served *(if not shown above)*	Date	Time	☐ am ☐ pm

Address *(complete only different than shown above)*	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

PLAINTIFF John A Lynn SR

COURT CASE NUMBER 12 2 0 0 5 7 5

DEFENDANT City of Zanesville Police Dept. "Et al"

TYPE OF PROCESS

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Zanesville Police Dept.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
332 S. Stet Zanesville OH 43701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

John A. Lynn SR
608 Nancy Ave
Zanesville OH 43701

Number of process to be served with this Form 285	
Number of parties to be served in this case	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

220-203-5425

Signature of Attorney other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER 220-203-5425

DATE 11-9-2020

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)		Date	Time	☐ am ☐ pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS